

FILED APR 19 1944

Registration District No. 252Primary Registration District No. 4382Registrar's No. 4

## 1. PLACE OF DEATH:

- (a) County Madaway  
(b) City or town Parnell  
(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life \_\_\_\_\_ (Specify whether)  
years, months or days)

3. (a) PRINT  
FULL NAMESarah Francis Cooper

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. \_\_\_\_\_

4. Sex F 5. Color or race W 6. (a) Single, widowed, married,  
divorced Married  
6. (b) Name of husband or wife John H. Cooke 6. (c) Age of husband or wife if  
alive 72 years  
7. Birth date of deceased Dec 8, 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 2 18 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Parnell Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

- MOTHER FATHER { 12. Name Jones B. Gill  
13. Birthplace Uniontown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Uniontown 9  
15. Birthplace Uniontown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant John H. Cooke

- (b) Address Parnell, Mo.

17. (a) Burial (b) Date thereof 3-28-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Parnell Cemetery

18. (a) Signature of funeral director A. C. Duffell

- (b) Address Franklin City, Mo.

19. (a) 3-28-44 (b) O. H. Saylor  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County Madaway  
(c) City or town Parnell  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 26  
year 1944 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from March 26  
1944 to March 26 1944

that I last saw her alive on March 26 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature Egbert Crowder (M. D. or other)  
Parnell Mo Date signed March 28 1944

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**